



University Montessori School

7508 Burthe Street New Orleans, LA 70118

504-865-1659 fax 504-865-9194

umsnofa.org

APPLICATION FOR ADMISSION

Date _____

Application is hereby made for admission of _____ as a student
in the ___ full day class or the ___ half day class at UMS for the _____ - _____ academic year.

The following information is submitted as part of this application:

Date of Birth _____ Sex _____ Home Phone _____

Home Address _____

City _____ Zip Code _____

Email Address _____

Has child attended a previous school? Name? _____

Mother's or Guardian's Name _____

Business or Profession _____

Place of Employment _____

Business Address _____ Telephone _____

Father's Name _____

Business or Profession _____

Place of Employment _____

Business Address _____ Telephone _____

Names and Ages of Siblings _____

Referred by _____

Comments _____

(Parent's Signature)

PLEASE RETURN WITH AN APPLICATION FEE OF \$50.00.

University Montessori School admits students of any race, color and national or ethnic origin.

For Office Use Only Date Received _____ Date of Postcard _____ Date Accepted _____

Notes _____

